

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155736		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2011	
NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1014 MILL POND LANE GREENCASTLE, IN46135			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Date: July 19, 20, 21, 22, 2011</p> <p>Facility Number: 004550 Provider Number: 155736 AIM Number: 200526450</p> <p>Survey Team: Mary Weyls RN TC Teresa Buske RN Laura Brashear RN July 19, 20, 22, 2011</p> <p>Census Bed Type: SNF/NF: 23 SNF: 25 Residential: 26 Total: 74</p> <p>Census Payor Type: Medicare: 25 Medicaid: 13 Other: 36 Total: 74</p> <p>Sample: 12 Supplement Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0322 SS=D	<p>Quality review completed 7/26/11 Cathy Emswiller RN</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation and record review, the facility failed to ensure placement was checked for 1 of 1 resident reviewed with a gastrostomy tube, in a sample of 12, in that medication was administered through a gastrostomy tube. The placement of the gastrostomy tube was not checked prior to administering water flushes and medication. (Resident #21)</p> <p>Findings include:</p> <p>During medication observation on 7/21/11 which began at 12:30 p.m., LPN #3 administered crushed Tylenol (analgesic) to resident #21 through the resident's gastrostomy tube. Prior to administering water flushes and medication the LPN #3 failed to check for placement of the gastrostomy tube.</p>			F0322	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F322</p> <p>Assured resident # 21 assessment was immediately completed for placement.</p> <p>Any resident with a gastrostomy tube has the potential to be affected by this alleged deficient practice. Nursing staff will be in serviced on the guidelines for administering Gastric Tube Medications.</p> <p>Competency checks will be</p>		08/21/2011

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	Review of the facility procedure titled "Guidelines for Administering Gastric Tube Medications", received on 7/2/11 at 11:30 a.m., from the RN consultant, documentation indicated but was not limited to "34. Check placement in the stomach and residual gastric contents: d. For all gastric tubes, pull back gently on the syringe to aspirate stomach content." 3.1-44(a)(2)				completed on Nurses for administering gastric tube medications annually and upon hire. An audit was developed to monitor Nurses administering gastric tube medications. These audits will be completed 5x/wk for 4 weeks, then 2x weekly for 4 weeks, monthly thereafter until substantial compliance is achieved. Results of audits will be discussed with QA team monthly for ongoing needs and action. DHS or designee will complete the audits. Completion date: August 21, 2011		

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview, the facility failed to implement measures to prevent the potential spread of infection for 1 of 4 residents reviewed in a sample of 12 identified as having</p>			F0441	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan		08/21/2011

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	<p>Clostridium difficile [c-diff] in that 2 CNAs were observed to not wear protective gowns while providing personal care to Resident #27 and a resident, without infection, was admitted to the same room [Resident #26].</p> <p>Finding includes:</p> <p>Upon interview during initial tour on 7/19/11 at 11:45 a.m., with RN #4, Resident #27 was identified as having C-difficile infection and required assistance of one to two for toileting. The resident was observed napping. RN #4 indicated a second stool sample to check for the infection had been sent today. A cabinet containing protective equipment was observed outside of the resident's room.</p> <p>The Resident was observed to have a roommate, Resident #26, ambulating per self in the room. During interview at that time, RN #4 indicated the resident just recently had moved into the room, and indicated she did not have the infection c-difficile.</p> <p>On 7/20/11 at 10:15 a.m., CNAs #1 and #2 were observed to provide incontinence care to Resident #27. The CNAs were observed to wear gloves, remove the resident's incontinence brief, and provide</p>				<p>of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F441</p> <p>Resident #27 was moved to a private room. C.N.A.'s #1 &2 were immediately inserviced on wearing protective gowns while providing care, and being in contact with residents bed and/or bed linens.</p> <p>Any resident requiring contact precautions have the potential to be affected. Nursing staff were re- inserviced immediately. Social Service Director was inserviced on facility policies regarding guidelines for contact precautions including private room being utilized whenever one is available.</p> <p>Random checks will be completed for residents requiring contact precautions on nursing staff. An audit was developed to nursing staff for use of PPE's while contact precautions are in place. These audits will be completed 5x/wk for 4 weeks, then 2x weekly for 4 weeks, monthly thereafter until substantial compliance is achieved. Results of audits will be discussed with QA team monthly for ongoing needs and action. DHS or designee will complete the audits. C-diff infections are trended and reported in</p>		

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	<p>incontinence care to the resident. The resident had been incontinent of a small amount of stool. The CNAs were observed not to have worn protective gowns while providing care, and being in contact with the resident's bed.</p> <p>Resident #27's clinical record was reviewed on 7/19/11 at 1:00 p.m. Documentation was noted on a form titled "Infection Assessment," of loose mucous stool treatment required. New physicians orders obtained for Vancomycin [an antibiotic], universal precautions. Power of attorney notified on 6/20/11."</p> <p>A physician's order was noted dated 6/20/11 of Vancomycin 250 mg [milligrams] by mouth four times daily for 14 days and Flagyl, 250 mg by mouth four times daily for 14 days. Re-check stool for C-Diff in 3 weeks [7/11/11]. A lab report, dated 7/11/11 indicated no C-diff was detected.</p> <p>A nurse's note, dated 7/19/11 at 4:30 a.m. was noted of check stool for C-diff. Light yellow in color and runny. Positive results for C-diff.</p> <p>A physician's order was noted dated 7/20/11 of Vancomycin 250 mg by mouth three times daily for 10 days for C-Diff. Flagyl 500 mg three times daily times 10</p>				<p>QA.</p> <p>Completion Date: August 21, 2011</p>		

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	<p>days for C-Diff. Re check stool 1-2 days after Vancomycin and Flagyl completed.</p> <p>2. Resident #26's clinical record was reviewed on 7/22/11 at 1:00 p.m. Documentation was noted in a Social Progress Note, dated 7/18/11 of the resident being moved into a long term care bed. ...Family aware, chose room and involved with moving.</p> <p>The Administrator was interviewed on 7/20/11 at 4:00 p.m. The Administrator indicated the resident was moved out of a Medicare room. The Administrator indicated the facility had two dual certified beds available at the time and that was the room the family chose. The Administrator indicated Resident #26's family was educated on the infection control information.</p> <p>A diagnosis of C-difficile was not noted in the resident's clinical record.</p> <p>A facility policy titled "Guidelines for Contact Precautions, provided by the Director of Health Service on 7/20/11 at 11:20 .am. included, but was not limited to, "1. Contact Precautions is a method designed to reduce the risk of transmission of microorganism by direct or indirect methods. ...2. Contact Precautions are indicated to prevent and</p>						

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	<p>control nosocomial transmission of infection with any of the following: b. Clostridium difficile. ...4. Room considerations: a. When possible, residents having any of the above infections should be placed in a private room. b. If a private room is not available, residents with the same organism may share the same room. If residents cohabituate without similar organisms, contact precautions are implemented for individual resident. Dedicated equipment for the resident or the cleaning of equipment between residents is required. ...5. Personal Protective Equipment: b. Wear a clean non-sterile, fluid resistant gown when entering the room if it is anticipated clothing will have substantial contact with the resident or environmental surface or when there is likelihood that organisms from blood, urine, stool, or wound drainage may be on surfaces or items in the resident's room. c. Substantial contact is defined when the worker can anticipate that his/her clothing will be directly in contact with the resident, resident's linens, or bed."</p> <p>3.1-18(b)(1)</p>						

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